



Indiana Department of Environmental Management

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Michael R. Pence
Governor

Carol S. Comer
Commissioner

December 6, 2016

Kay Sue Vance, Auditor
Jennings County
PO Box 383
Vernon, Indiana 47282

Dear County Auditor:

Re: Geothermal Heating/Cooling Device
Pursuant to IC 6-1.1-12-34
Property Tax Deduction for
Jerry W. & Janet M. St. John
9365 N Co Rd 150 W
North Vernon, Indiana 47265
Parcel Number: 40-04-21-300-015.002-
010

The above referenced claim for a property tax deduction, attached State Form 18865 and supplemental attachments, submitted by the above referenced applicant, have been reviewed by this Office in accordance with IC 6-1.1-12-35.5. Please be advised that the heating/cooling system outlined in the claim for exemption (18865) qualifies as a geothermal system as defined in IC 6-1.1-12-34. The total amount of this claim shall be pursuant to IC 6-1.1-12-34(b). This certification does not include a determination as to the total actual or depreciated value of the claimed property.

This certification is for the life of the installed equipment and does not need to be requested on an annual basis. However, when the equipment is no longer in service, the owner of the equipment for which this certification is made must give written confirmation to the assessor of the township or county in which the equipment is installed.

Additionally, this certification does not include a determination as to the timeliness of the claim nor whether the property claimed for exemption is real or personal property.



A State that Works

If you have any questions concerning this matter, you may contact Ms. Donna Palmer at (317) 233-0478.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Myers', with a long horizontal flourish extending to the right.

Lance Myers, Section Chief
Operations Section
Office of Water Quality

Certification/Approval Number: 161138
Jerry W. & Janet M. St. John



STATEMENT FOR DEDUCTION OF ASSESSED VALUATION
(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)
State Form 18865 (R9 / 8-12)
Prescribed by the Department of Local Government Finance

FORM SES / WPD

INSTRUCTIONS: To be filed in person or by mail by the owner of such property with the County Auditor of the county in which the property is located. A person who is no longer eligible for this deduction shall notify the County Auditor of this change. (IC 6-1.1-12-36)

FILING DATES: (1) Real Property: Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year.
(2) Mobile/Manufactured Home assessed under IC 6-1.1-7: Must be completed, dated, and filed during the twelve (12) months before March 31 of the year the deduction is to be effective.
(3) State Distributable Property under IC 6-1.1-8 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year.
(4) Personal Property under IC 6-1.1-3 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year. In addition to filing this form for the deduction, an applicant must also attach a Form 103-SPD to either his personal property tax return or his amended personal property tax return for each year the deduction is desired.
(IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.1-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.5.

CERTIFICATION STATEMENT

I (We), St. John, Jerry W + Janet M certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and property taxation and for which a:

☐ Solar Energy Heating or Cooling System ☐ Wind Power Device ☒ Geothermal Device ☐ Hydroelectric Device

Solar Power Device*: ☐ Real ☐ Mobile/Manufactured Home ☐ State Distributable ☐ Personal Property

*Applies to a solar power device installed after December 31, 2011.

deduction from assessed valuation is hereby claimed in Jenning county.

Date system/device was installed (month, day, year)

Total deduction claimed

\$

PROPERTY DESCRIPTION

Taxing District (city, town, township) <u>SA</u>	Township <u>SA</u>	Legal description or key number
If a deduction was allowed last year, have there been any changes in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel number <u>40-04-21-300-015.002-010</u>
Address of owner (number and street, city, state, and ZIP code) <u>9365 N Co Rd 150 W North Vernon IN 47265</u>		
I (We) hereby certify that the above statement is true, correct, and complete. <u>[Signature]</u>		Date (month, day, year) <u>11/30/16</u>

FOR AUDITOR'S USE ONLY

Assessment Date First Effective
20 ___ Payable 20 ___

1 Total assessed value of real property or mobile/manufactured home including qualifying device/system.	\$
2(a) For wind; geothermal; hydroelectric; real property or mobile/manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device/system.	FILED NOV 30 2016
2(b) For solar energy system only: Out-of-pocket expenditures for components and installation labor.	
2(c) For personal property solar power device deduction: Enter amount calculated on Form 103-SPD.	
2(d) For state distributable solar power device deduction: Enter assessed value of qualifying equipment.	
3 Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).	

VERIFICATION BY ASSESSING OFFICIAL

Is property recommended for deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended deduction	Comments, if any <u>Payable 2016</u> AUDITOR JENNINGS COUNTY
Signature of assessing official	Printed name of assessing official	Date signed (month, day, year)

FINAL DETERMINATION OF COUNTY AUDITOR

Deduction determined by County Auditor for March 1, 20 ___ payable in 20 ___.	Approved deduction \$	
Signature of county auditor	Printed name of county auditor	Date signed (month, day, year)
Description or reasons for change:		

Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, if any, or County Assessor
Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, if any, or County Assessor

PALMER, DONNA

From: Sheila Richart <smrichart@jenningscounty-in.gov>
Sent: Monday, December 05, 2016 2:03 PM
To: PALMER, DONNA
Subject: FW: Geothermal Deduction for St. John
Attachments: Jerry & Janet St. John Geothermal Information.pdf; doc00686420161202143940.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Donna,
I have reattached the form with the address of the property on it. The Model # is TEV038BGD02CRTS. Sorry our scanner was out last Friday, and we just got it fixed today.
Thanks,
Sheila

From: PALMER, DONNA [<mailto:DPALMER@idem.IN.gov>]
Sent: Friday, December 02, 2016 9:38 AM
To: Sheila Richart
Subject: RE: Geothermal Deduction for St. John

Sheila:

Question - (see attached document)

Thanks,

Donna Palmer
Operations Section
Surface Water, Operations & Enforcement Branch
Office of Water Quality
IDEM
(317) 233-0478
Toll Free (800) 451-6027
dpalmer@idem.in.gov

From: Sheila Richart [<mailto:smrichart@jenningscounty-in.gov>]
Sent: Friday, December 02, 2016 9:19 AM
To: PALMER, DONNA
Subject: FW: Geothermal Deduction for St. John

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Thank you Donna,
Please find attached the geothermal deduction for Jerry and Janet St. John.
Thanks,

Sheila, Jennings County

From: PALMER, DONNA [<mailto:DPALMER@idem.IN.gov>]
Sent: Friday, December 02, 2016 8:58 AM
To: Sheila Richart
Subject: RE: Geothermal Deductions

Yes

Donna Palmer
Operations Section
Surface Water, Operations & Enforcement Branch
Office of Water Quality
IDEM
(317) 233-0478
Toll Free (800) 451-6027
dpalmer@idem.in.gov

From: Sheila Richart [<mailto:smrichart@jenningscounty-in.gov>]
Sent: Friday, December 02, 2016 8:47 AM
To: PALMER, DONNA
Subject: Geothermal Deductions

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Donna,
Can we Scan and email our Geothermal Deductions to you?
Thanks,
Sheila Richart, Jennings County



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Michael R. Pence
Governor

Carol S. Comer
Commissioner

December 2, 2016

Jerry W. & Janet M. St John

Dear Mr. & Mrs. St John:

Re: Request for a Property Tax Deduction
For a Geothermal Heating/Cooling Device

I have received your request concerning tax exempt status for a geothermal unit.
I cannot process this certification at this time.

Please provide me with the following information:

- Address of where the geothermal unit is located
- Model number of your geothermal unit
 - TEV/H/D038B is not a model number of Climate Master geothermal unit

You may contact me at (317) 233-0478 or (800) 451-6027 ext 3-0478 or by email at dpalmer@idem.in.gov.

Sincerely,

Donna Palmer, Administrative Assistant
Operations Section
Surface Water, Operations & Enforcement
Branch
Office of Water Quality

Enclosures



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(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)
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All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.5.

CERTIFICATION STATEMENT

I (We), St. John, Jerry W + Janet M certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and property taxation and for which a:

☐ Solar Energy Heating or Cooling System ☐ Wind Power Device ☒ Geothermal Device ☐ Hydroelectric Device
Solar Power Device*: ☐ Real ☐ Mobile/Manufactured Home ☐ State Distributable ☐ Personal Property
*Applies to a solar power device installed after December 31, 2011.

deduction from assessed valuation is hereby claimed in Jenning county.

Date system/device was installed (month, day, year)

Total deduction claimed
\$

PROPERTY DESCRIPTION

Taxing District (city, town, township) <u>SA</u>	Township <u>SA</u>	Legal description or key number
If a deduction was allowed last year, have there been any changes in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel number <u>40-04-21-300-015.002-010</u>
Address of owner (number and street, city, state, and ZIP code)		
I (We) hereby certify that the above statement is true, correct, and complete. Signature: <u>[Signature]</u>		Date (month, day, year) <u>11/30/16</u>

FOR AUDITOR'S USE ONLY

Assessment Date First Effective
20 ____ Payable 20 ____

1 Total assessed value of real property or mobile/manufactured home including qualifying device/system. \$

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3 Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).

FILED

NOV 30 2016

VERIFICATION BY ASSESSING OFFICIAL

Is property recommended for deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended deduction	Comments, if any <u>AUDITOR JENNINGS COUNTY</u>
Signature of assessing official	Printed name of assessing official	Date signed (month, day, year)

FINAL DETERMINATION OF COUNTY AUDITOR

Deduction determined by County Auditor for March 1, 20 ____ payable in 20 ____.	Approved deduction \$	
Signature of county auditor	Printed name of county auditor	Date signed (month, day, year)
Description or reasons for change:		

Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, if any, or County Assessor
Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, if any, or County Assessor

Geo Thermal Information for Deduction

Make: Climate MasterModel Number: TEV/H/0038BSerial Number: 9700045N04System Tonnage: 3-tonPlease check one : Open Loop ☐ or Closed Loop ☒

PALMER, DONNA

From: Sheila Richart <smrichart@jenningscounty-in.gov>
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Sent: Friday, December 02, 2016 8:58 AM
To: Sheila Richart
Subject: RE: Geothermal Deductions

Yes

Donna Palmer
Operations Section
Surface Water, Operations & Enforcement Branch
Office of Water Quality
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